

Name in Full

Certificate of Death

George W Barrett

Town

County

Died at

Galfrud

Harford

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1895 21 21

Age

73-9-3

Kent Co

Soldier

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

10

Husband

of

Wife

Father's

Name

Cause of

Primary

Pneumonia

How long sick

8 days

Death

Immediate

Exhaustion

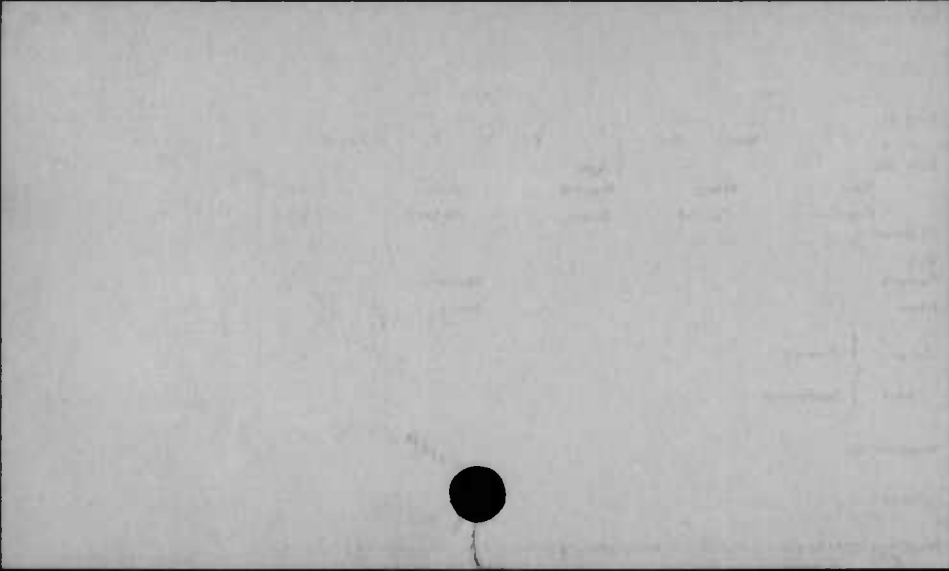
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Myrelia Brown

CERTIFICATE OF DEATH

Died at ^{Town} Phone Hill^{County} Harford

MARYLAND

Date of death 1903

Month

Nov

Day

13

Age ^{Years} F3

Months

Days

Sex Female

Color or Race Colored

Birth-place Rocks md.

Occupation Home wife

Where Residing if not at place of death

Belair

Married, Single or Widowed Widowed

Name of Wife or Husband

Father's Name William Rice

Father's Birthplace Cooptown

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Moses Rice

How related to deceased Brother

CAUSES OF DEATH

Primary Pneumonia

How long 1 week

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

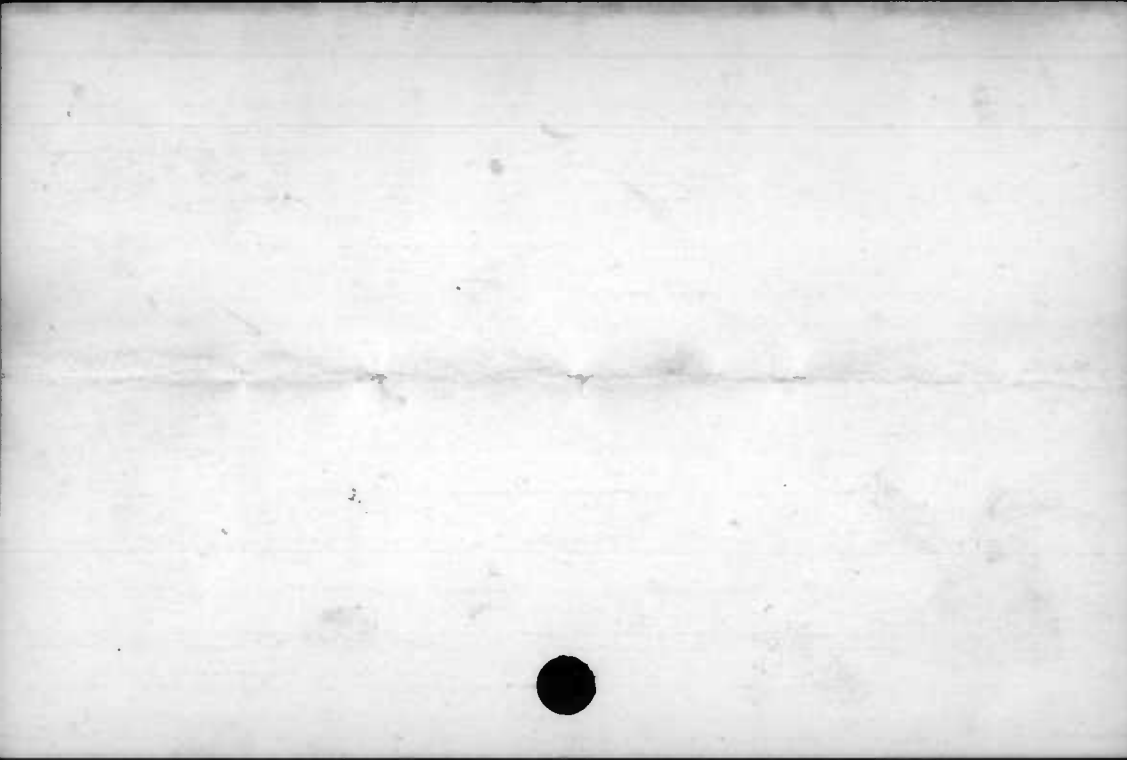
Signature of Physician

Address

L. W. Harnan
Steele md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

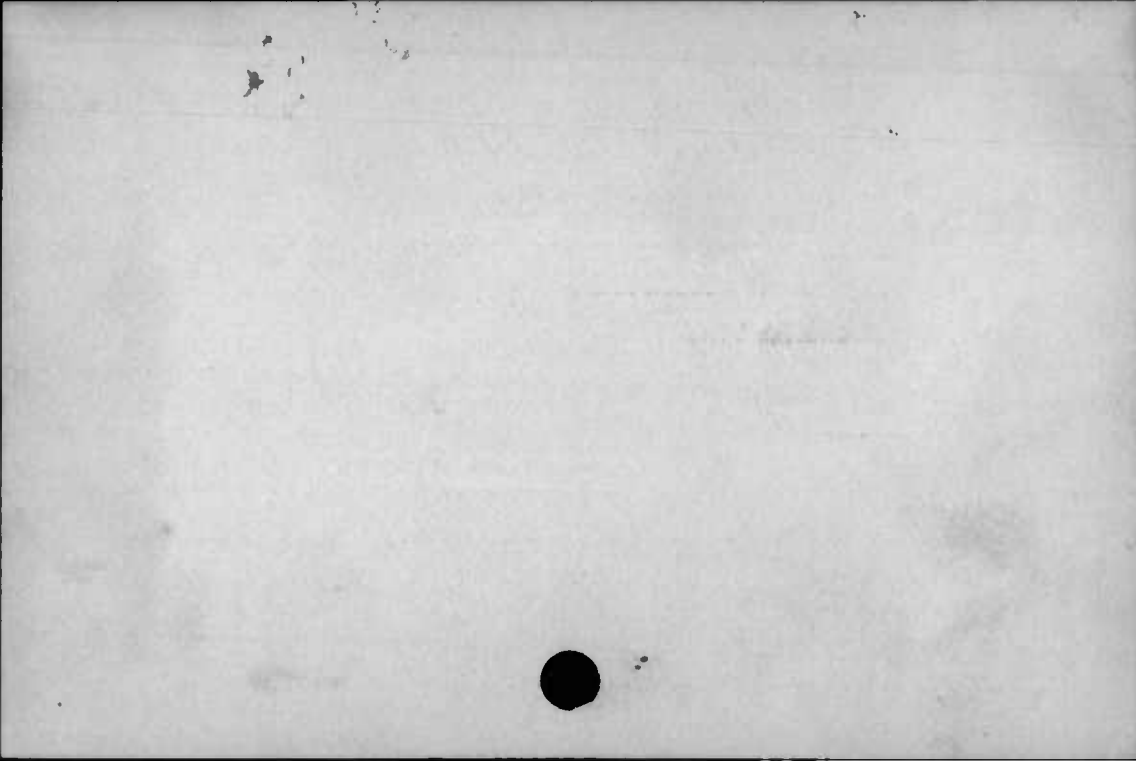
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belair</i> Town			County <i>Harford</i>			MARYLAND		
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>60</i>	Years	Months <i>8</i>	Days <i>27</i>		
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>					
Occupation <i>Farm laborer</i>			Where Residing if not at place of death <i>Belair Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Ryan</i>						
Father's Name <i>Henry Cahill</i>			Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>not ascertained</i>			Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Catherine Cahill</i>			How related to deceased <i>Daughter-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Bradley M.D.</i>	
		Address <i>Ganettville Md.</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

Annie Irene Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Nov.</i> ^{Day} <i>31</i>	Age	<i>1</i> ^{Years}	<i>4</i> ^{Months}	<i>29</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Aberdeen, Md.</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name or Wife or Husband			
Father's Name	<i>John E. Chambers</i>			Father's Birthplace	<i>Harford Co.</i>
Mother's Maiden Name	<i>Martha Bauer</i>			Mother's Birthplace	<i>Harford Co.</i>
Name of person giving information	<i>John Chambers</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Chas. H. Krite</i>	
		Address	
		<i>Aberdeen, Md.</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

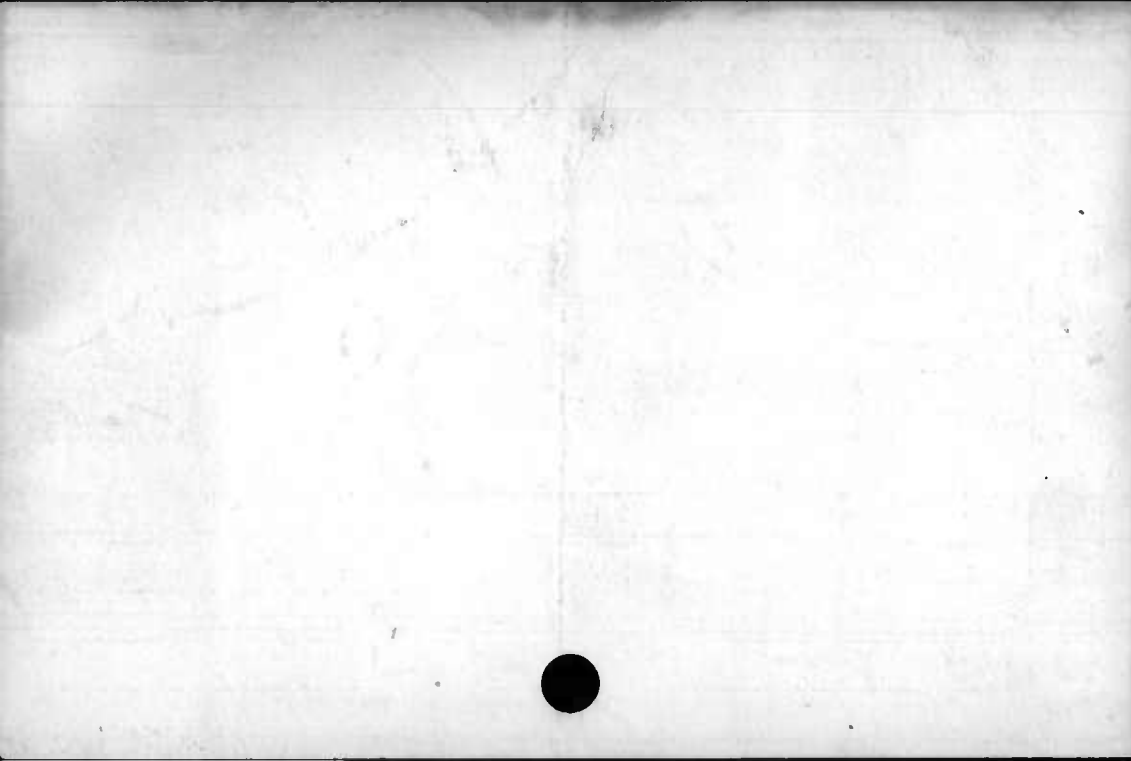
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harford Furnace Harford</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Nov</i>	Day	Age <i>47</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>House Keeper</i>					
Name of Wife or Husband <i>None</i>							
Father's Name <i>James</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Jane</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Frank Dalton</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 1/2 years</i>
Immediate <i>Hemorrhage and aneurysm</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Crowsville Md</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Emmord Septka

CERTIFICATE OF DEATH

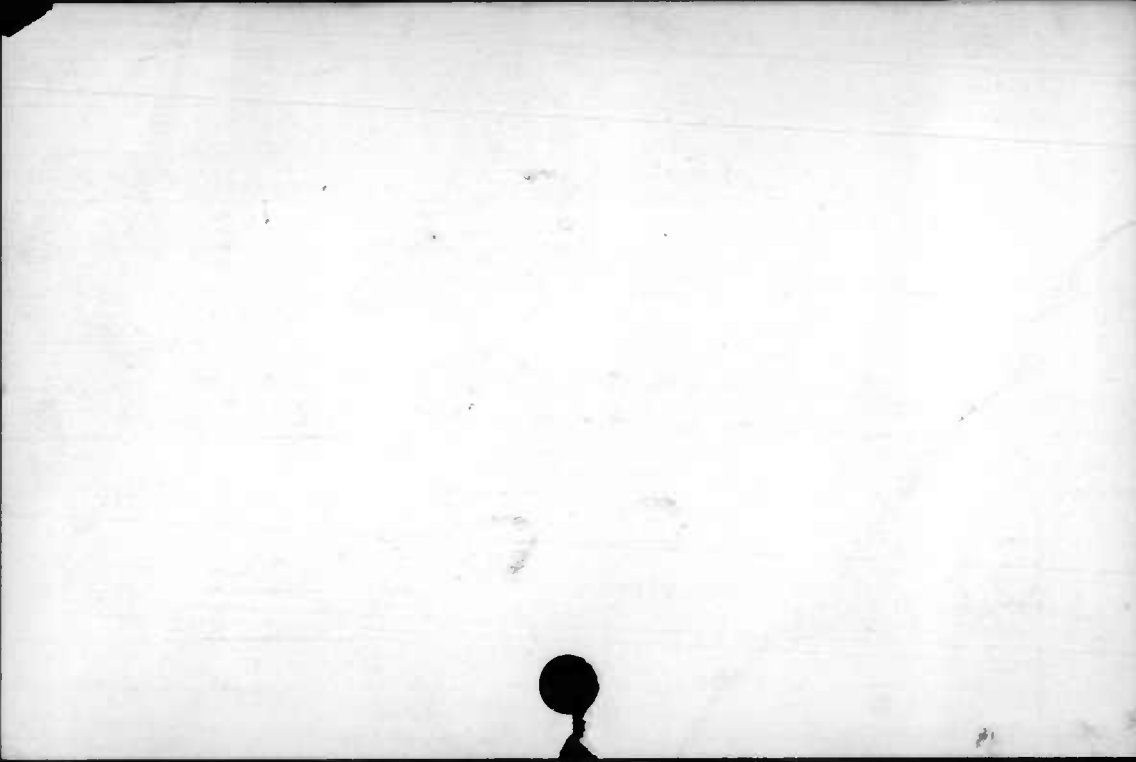
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tappa</i> Town		<i>Hosford</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>Nov.</i>	Day <i>29</i>	Age <i>73</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt^o Co Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Henry Septka</i>			
Father's Name <i>—</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Husband</i>		How related to deceased <i>"</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma (abdominal)</i>	How long <i>Several months</i>
Immediate <i>General debility</i>	How long <i>" weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Keyser</i>
	Address <i>Trukle...</i>
Accident or Suicide? <i>No</i>	<i>Md.</i>



Name
in
Full

Nalterio Domenico

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harre de Grace*

Town

Bayford

County

Date
of death *1905*Month
*Nov*Day
*16*Age
26

Years

Months

Days

Sex
*Male*Color or
Race
*White*Birth-
place
*Italy*Occupation
*Labor*Where Residing if not
at place of death
—Married, Single
or Widowed
*Married*Name of Wife or
Husband
—Father's
Name
*Michele Dalterio*Father's
Birthplace
*"*Mother's
Maiden Name
*Toppo Maria Domenica*Mother's
Birthplace
*"*Name of person giving
In formation
*Nicholas Wandreg*How related
to deceased
Friend

CAUSES OF DEATH

Primary
Not known

How long

Immediate
Found dead in bed

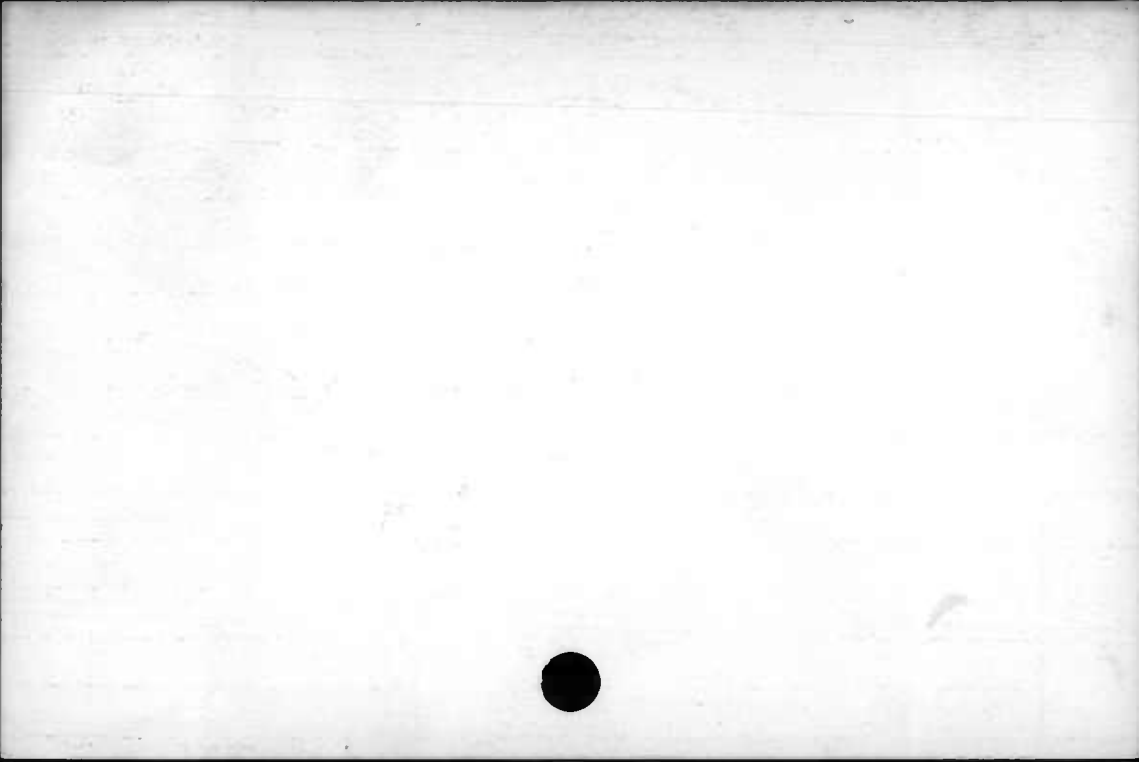
How long

Are the name, age, sex, color, date
and place correctly given above?
*yes*Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

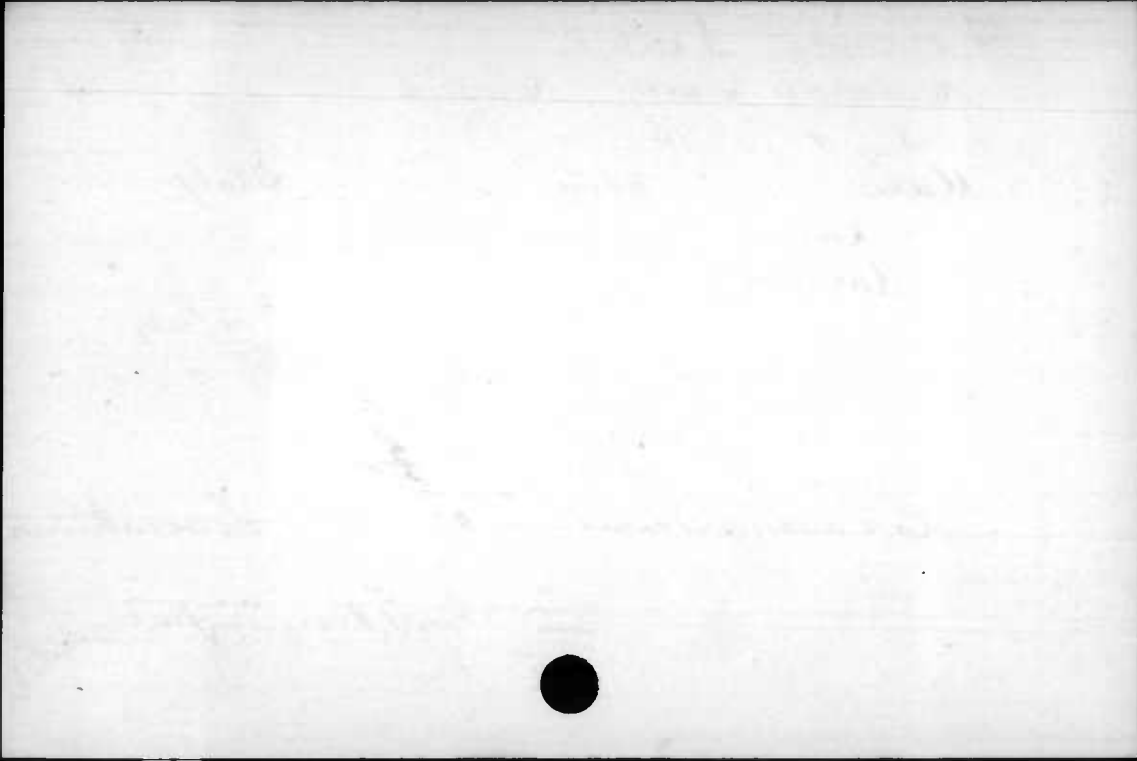
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Jennie E. Dorst</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Forest Hill</i>		Month <i>11</i>		Day <i>23</i>		Age <i>48</i>	
Date of death <i>1905</i>		Month <i>11</i>		Day <i>23</i>		Years <i>48</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Forest Hill, Md</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Forest Hill, Md</i>		Years <i>48</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>George Dorst</i>		Father's Name <i>Alfred Platt</i>		Father's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>Idella Byssard</i>		Name of person giving information <i>John Ror</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>11</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ulcer of Stomach</i>		How long <i>2 weeks</i>	
Immediate <i>Peritonitis</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. F. P. Smithson</i>	
		Address <i>Forest Hill</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Dommick Portere ✓

CERTIFICATE OF DEATH

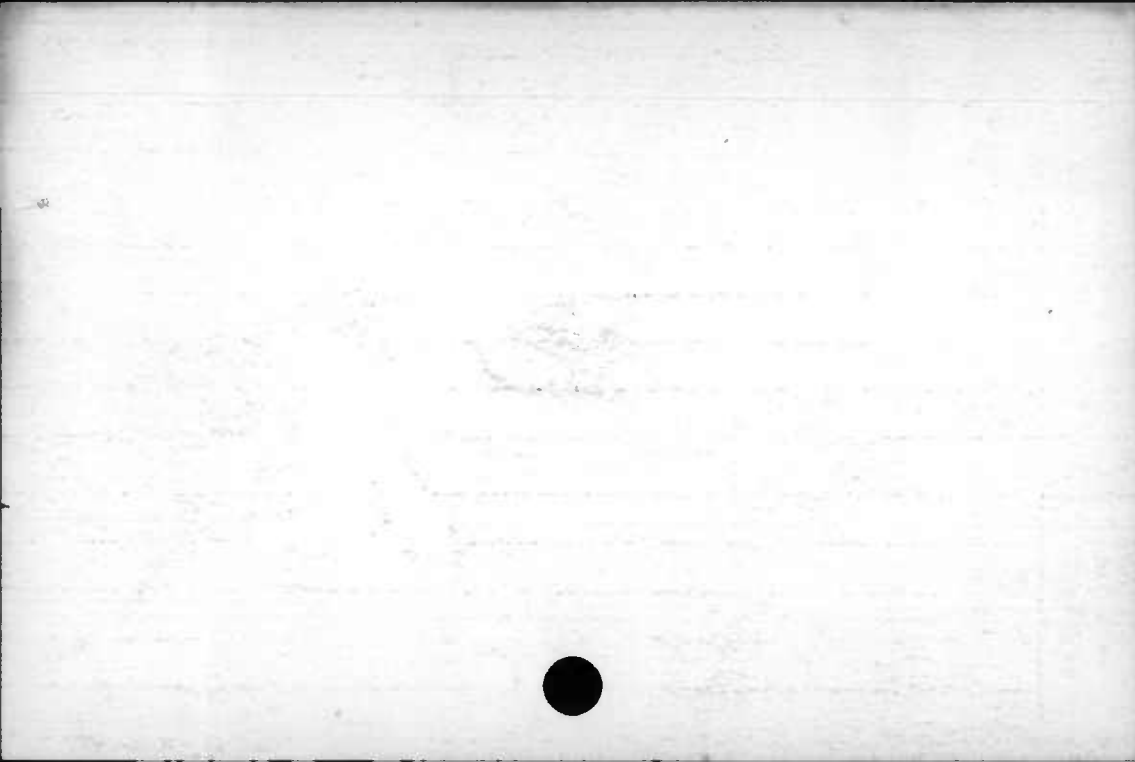
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1905	Month	11	Day	16
		Age	23	Years	
Sex	Male		Color or Race	White	
Occupation	Labor		Birth-place	Italy	
Where Residing if not at place of death			"		
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name	—		Father's Birthplace		
			Italy		
Mother's Maiden Name	—		Mother's Birthplace		
			"		
Name of person giving information			How related to deceased		
			—		

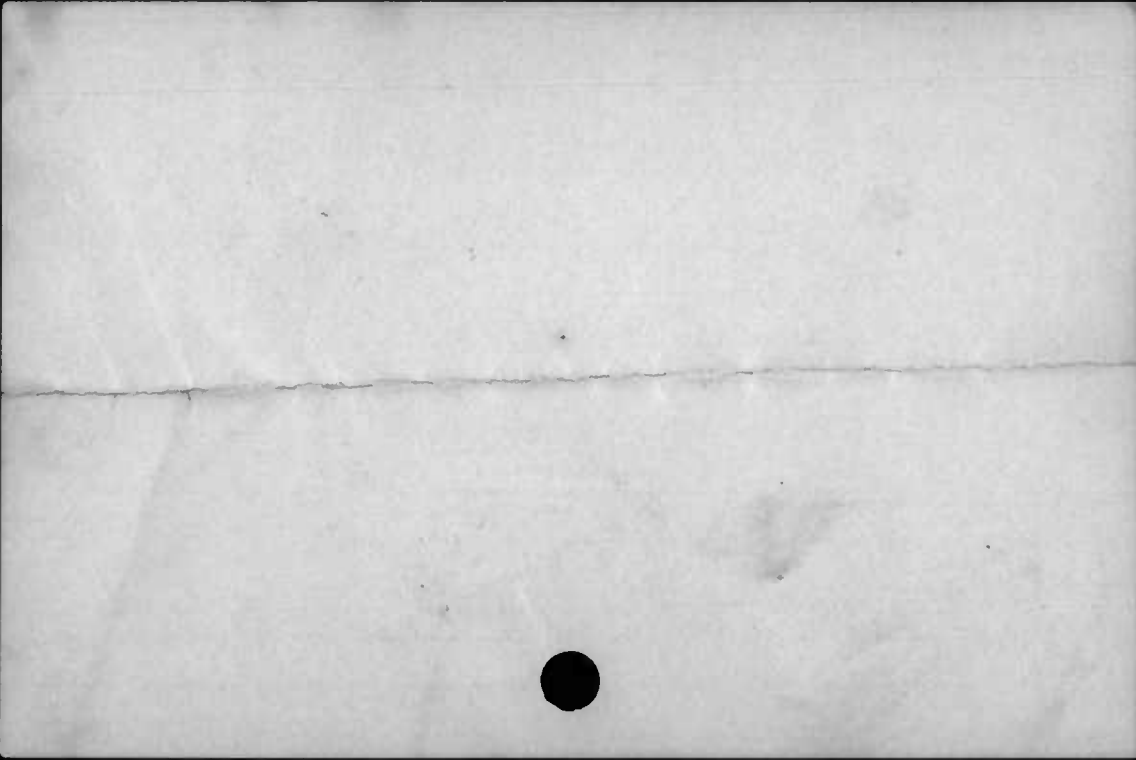
CAUSES OF DEATH

Primary	<i>Heart disease</i>	How long	<i>Several hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Geo. F. Pennington Undertaker</i>	
		Address	
		<i>Harrods Grace</i>	
Accident or Suicide?			

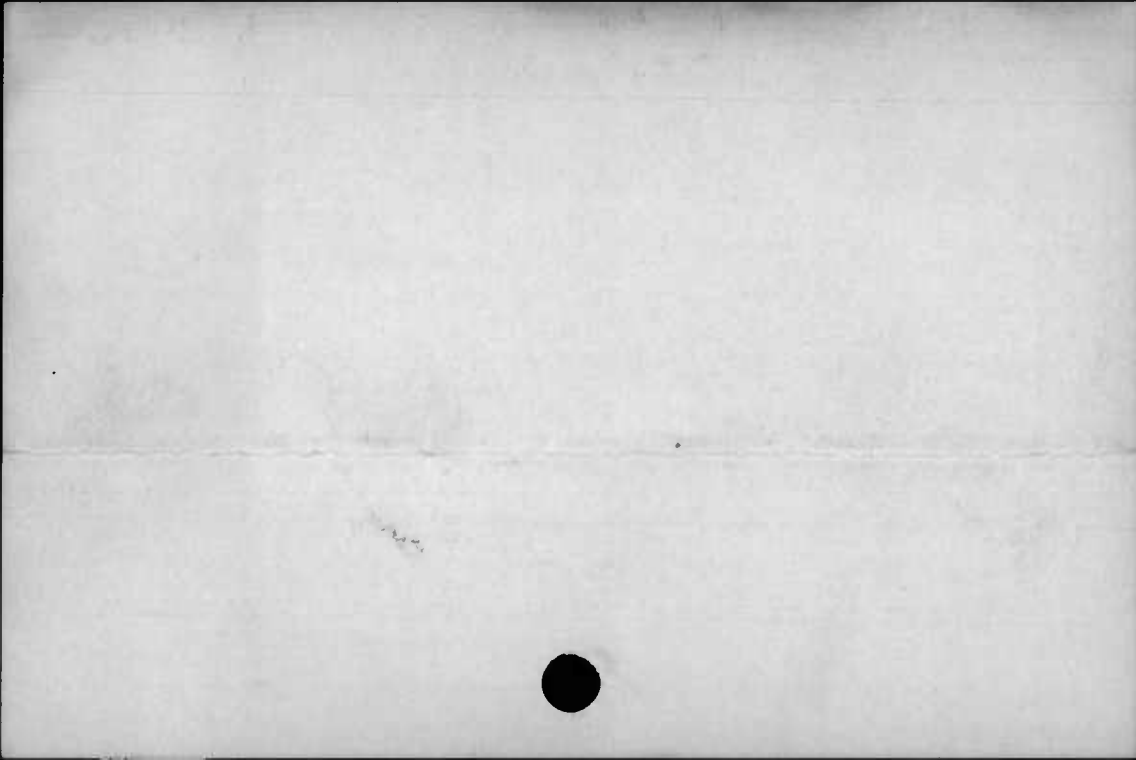
PHYSICIAN
OR CORONER



Name in Full John H. Fletcher		Town St Paul		County Hanford		CERTIFICATE OF DEATH	
Died at St Paul		Month Nov.		Day 13		Age 58	
Date of death 1905		Months 6 mos.		Days		MARYLAND	
Sex male		Color or Race white		Birth-place Hanford Co.			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Archibald Fletcher		Father's Birthplace Hanford Co					
Mother's Maiden Name Belenda Rutledge		Mother's Birthplace Hanford Co					
Name of person giving information Nicholas J. Fletcher		How related to deceased brother					
CAUSES OF DEATH							
Primary Cirrhosis of Liver		How long Several months					
Immediate Peritonitis		How long 36 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician James S. Akehinal M.D.					
		Address Norrisville Md.					
Accident or Suicide?							



Name in Full		Certificate of Death			
58° Henry Gorrell		MARYLAND			
Died at <i>Darlington</i> Town		County <i>Harford</i>			
Date of death <i>1905</i> Month <i>Nov</i>		Day <i>19</i> Age <i>73</i>		Months <i>2</i> Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Harford Md</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death			
Married, Single Widowed		Name of Wife or Husband <i>Charlotte Divers</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Raymond Gorrell</i>		How related to deceased <i>son</i>			
CAUSES OF DEATH					
Primary <i>Pneumonia</i>		How long <i>one week</i>			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ephr Hopkins</i>			
		Address <i>Darlington</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geary, W. Hill

Town *Rylerville* County *Hartford* MARYLAND

Died at *Rylerville*

Date of death *1903* Month *Nov.* Day *7* Age *1* Years Months *1* Days *14*

Sex *Male* Color or Race *Colored* Birth-place *Rylerville*

Occupation _____ Where Residing If not at place of death *Rylerville*

Married, Single or Widowed _____ Name of Wife or Husband *Emory Hill*

Father's Name *Emory Hill* Father's Birthplace *Ind.*

Mother's Maiden Name *Della Wynn* Mother's Birthplace *Rylerville*

Name of person giving information *Emory Hill* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *4 days*

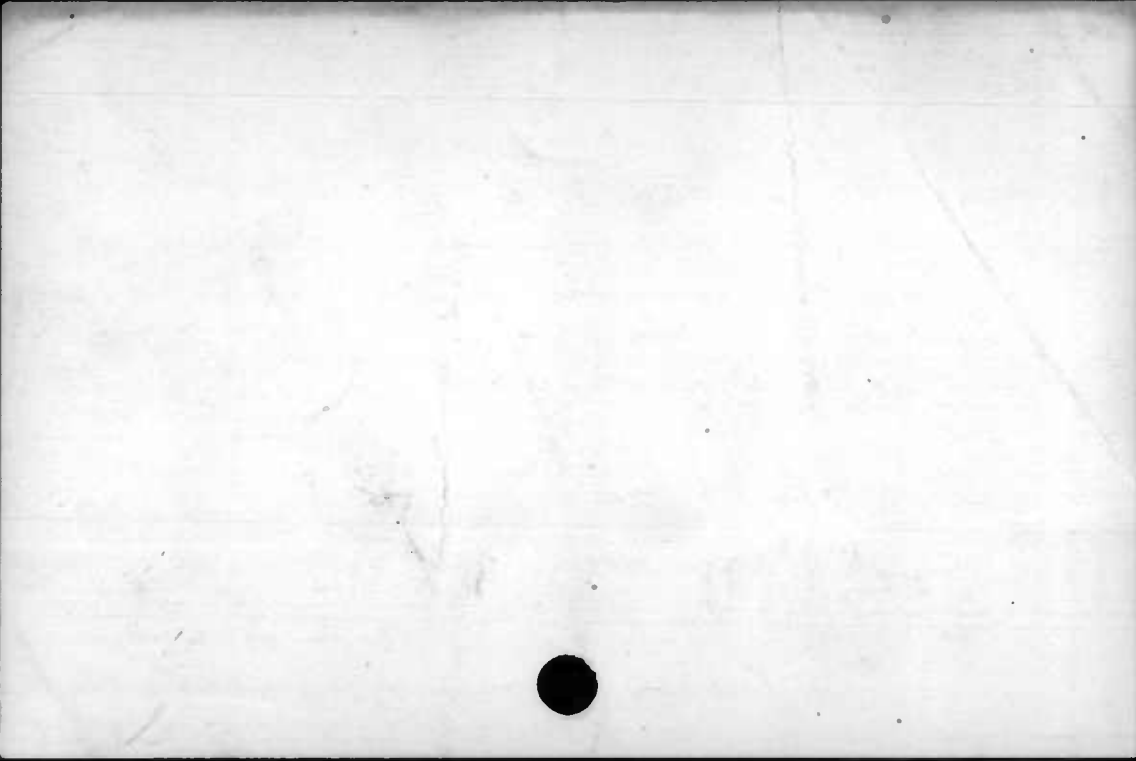
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. J. Farnous*

Address *Street and*

Accident or Suicide? _____



Name
in
Full

Mary J. Johnson

CERTIFICATE OF DEATH

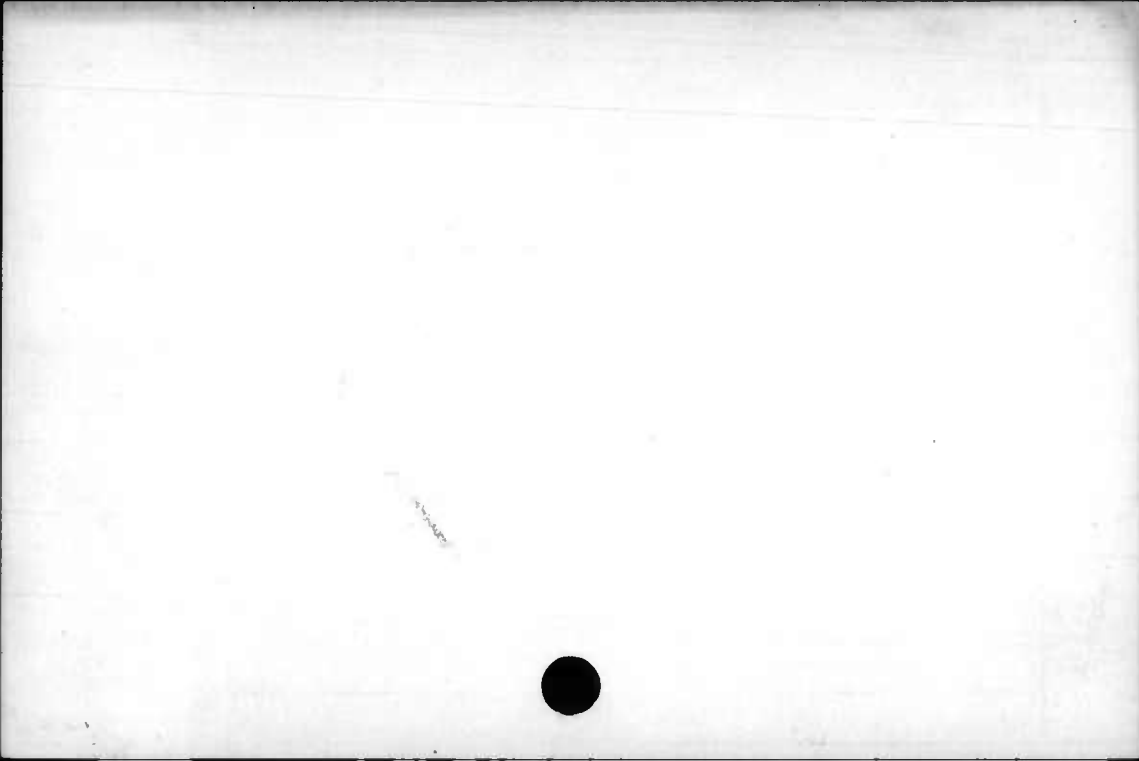
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper X Roads</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Nov</i>	Day	<i>27</i>
Age		<i>65</i>	Years	Months	<i>6</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>House Wife</i>		Where Residing if not at place of death <i>Harford Co. Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Thomas Johnson</i>		
Father's Name	<i>John L. Hayshe</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Mary J. Hayshe Bond</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving Information	<i>Thomas Johnson</i>		How related to deceased	<i>Husband.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>one year</i>
Immediate	<i>Heart disease</i>	How long	<i>one year</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Geo. W. Davis</i>	
Address		<i>Pleasantville</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

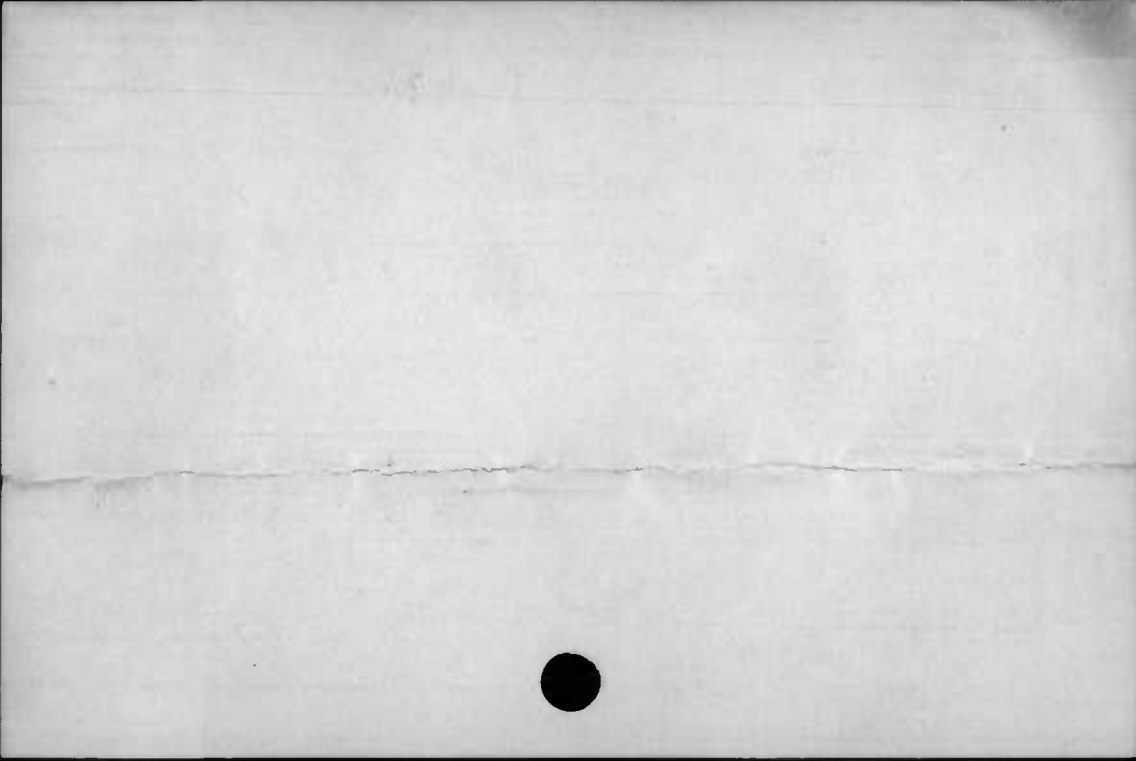
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berkley</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Nov</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>33</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Harford Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Berkley</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Robt A. Knight</i>			
Father's Name <i>John Murphy</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Crowe</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pernicious Anemia</i>	How long <i>2 years</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ephr^m Hopkins</i>
		Address <i>Darlington</i>
Accident or Suicide?		



Name.

in
Full

Charles Hamm.

V

CERTIFICATE OF DEATH

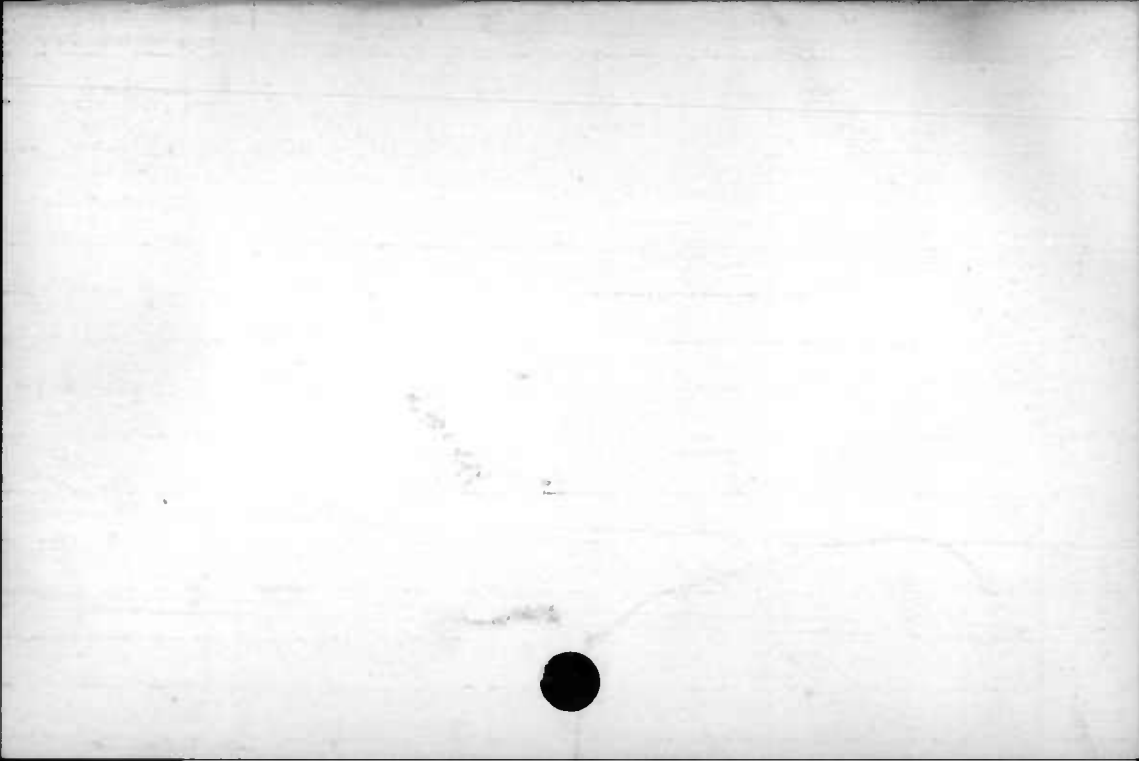
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death	1905	Month Nov	Day 29	Age	48	Years	Months 7
Sex	male		Color or Race	white		Birthplace	Days -
Occupation	Hotel Keeper			Where Residing if not at place of death at Home			
Married, Single or Widowed	married		Name of Wife or Husband	Philips			
Father's Name	John Hamm					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	air blood liver	How long	Some months
Immediate	Hemorrhage from stomach	How long	For some months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Al Coopers
		Address	Havre de Grace
Accident or Suicide?			



Name
in
Full

Alberta Lovelless

CERTIFICATE OF DEATH

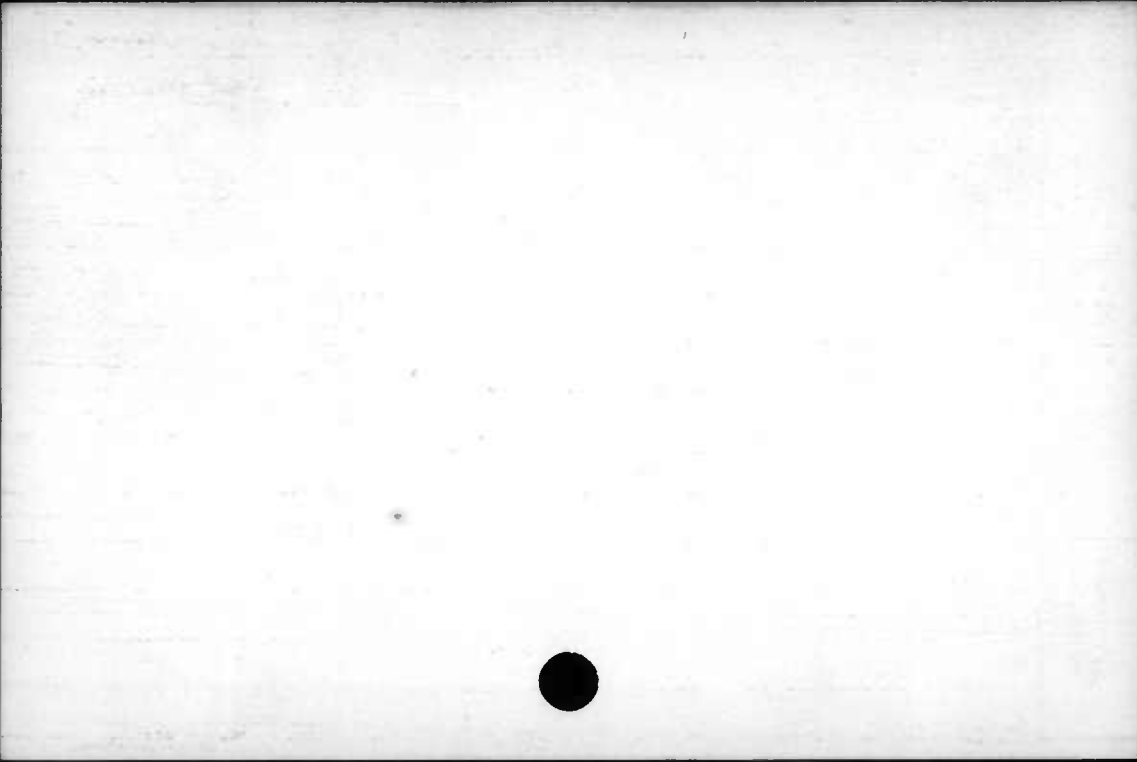
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Harriet Schmel</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death	190 <i>1</i>	Month	<i>Nov</i>	Day	<i>24</i>	Age	Years <i>—</i> Months <i>3</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>MD</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>James Lovelless</i>					Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Josephine Smith</i>					Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>mother</i>					How related to deceased	<i>—</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>all life</i>
Immediate	<i>Marasmus</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. L. Hopkins</i>
		Address	<i>Harford MD</i>
Accident or Suicide?	<i>—</i>		<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

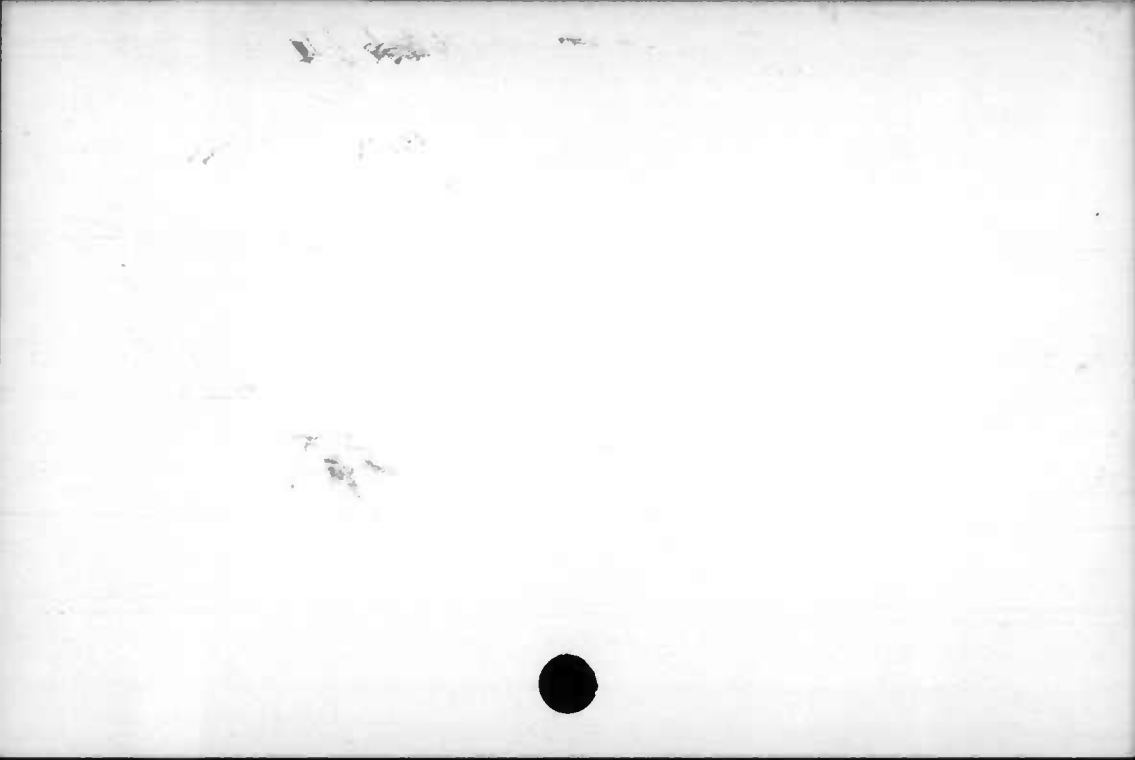
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Stephen Mahan</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Forest Hill</i>		Date of death <i>1905</i>		Age <i>12</i>		Months <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Forest Hill</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Mahan</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Mamie Pool</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Haskin</i>		(51)		How related to deceased <i>Haskin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate <i>Congestion of lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smith</i>
	Address <i>Forest Hill Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Date of death		190 <i>2</i>	Month <i>Nov.</i>	Day <i>23</i>	Age	Years	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>—</i>				Where Residing if not at place of death <i>Aberdeen</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James O'Donnell</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary Meaney</i>		Mother's Birthplace <i>New York</i>					
Name of person giving information <i>Mary Meaney</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Bronchitis Pneumonia</i>	How long <i>12</i>
	Immediate	<i>Cerebral Exhaustion</i>	How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Roth</i>
	Address <i>2007 Eastern Ave. Baltimore</i>		
Accident or Suicide?			

The original certificate was
made in Balt. City - Bank,
and is preserved elsewhere
in this office. M.L.R.

Name
in
Full

CERTIFICATE OF DEATH

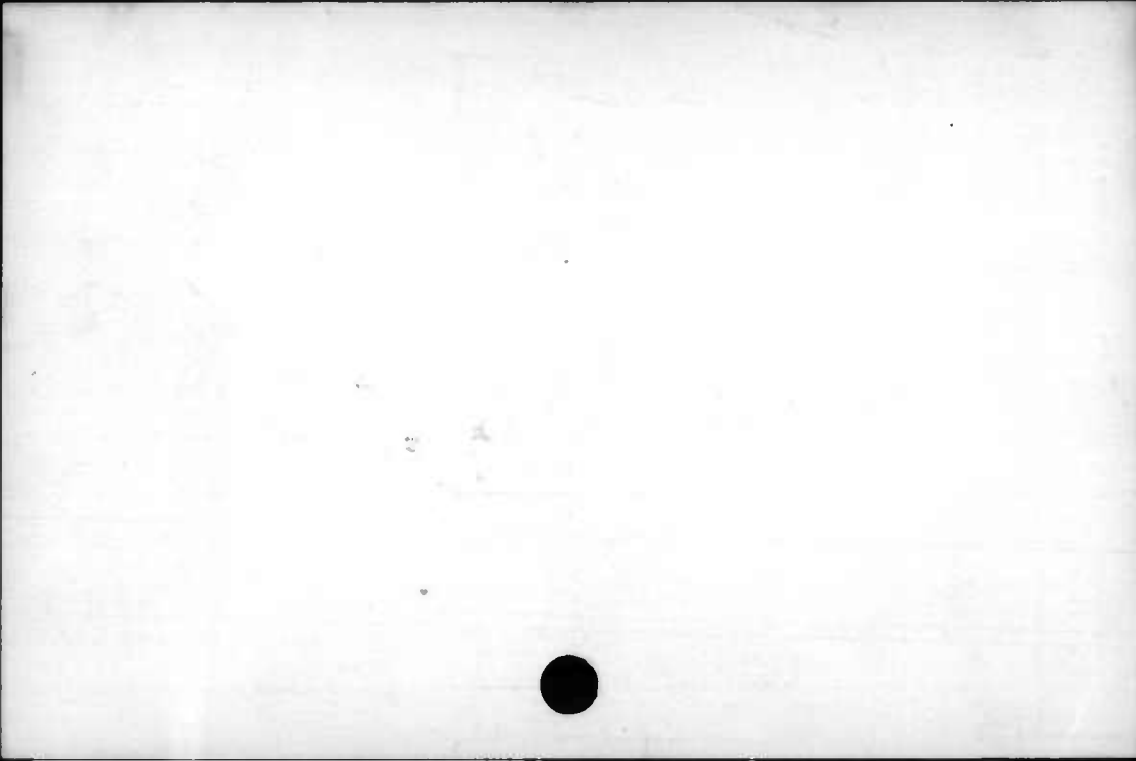
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. H. H. Oliver</i>		Town <i>Creswell</i>		County <i>Hartford</i>		MARYLAND	
Died at		Month <i>1st</i>		Day <i>15</i>		Years <i>58</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Creswell</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Sarah R. Oliver</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Wm. Hudson</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion & heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Callahan</i>
	Address <i>Creswell</i>
Accident or Suicide? <i>No</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

. TO BE ANSWERED BY
NEAREST FRIEND

John Francis Phillips

Town

County

MARYLAND

Died at

Garrettsville

Harford Co

Date

1903

Month

Nov

Day

29th

Years

Age 7

Months

2

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Garrettsville, Md

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

James R. Philips

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Dora Faidly

Mother's
Birthplace

Tennessee

Name of person giving
In formation

James H. Philips

How related
to deceased

Father

CAUSES OF DEATH

Primary

Infantile Indigestion

How long

six weeks

Immediate

Inanition

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

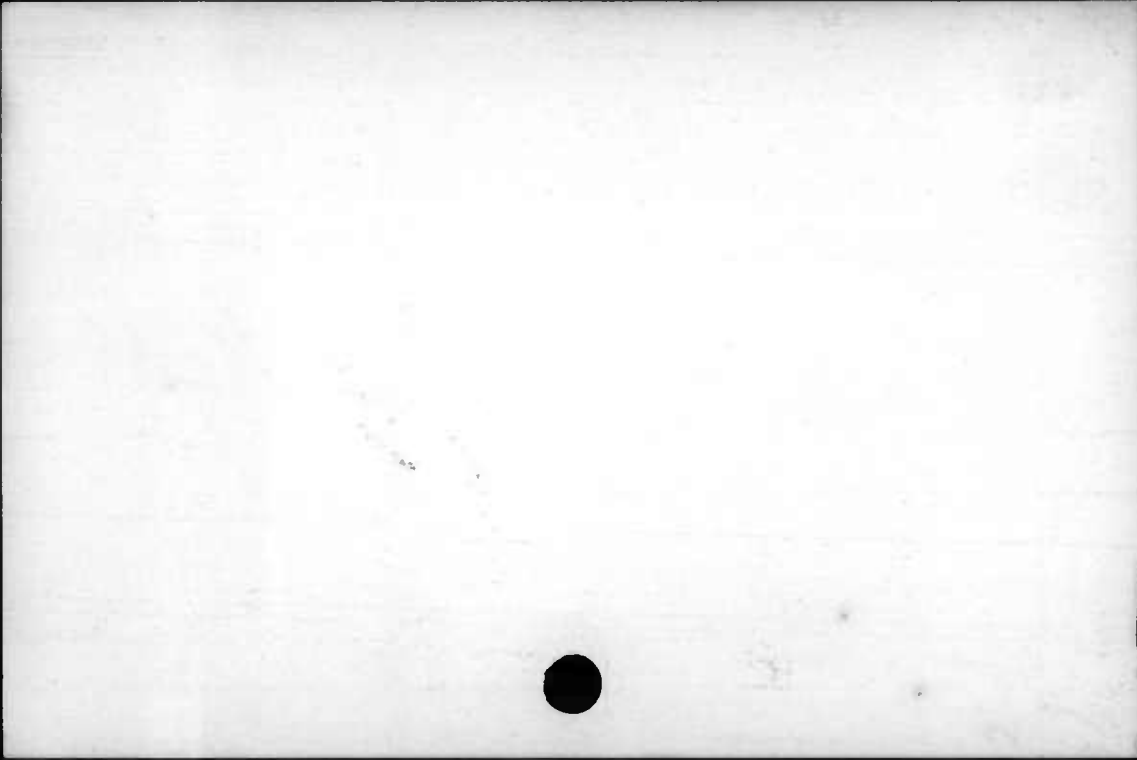
Signature of
Physician

Address

Hugh F Bradley M.D.

Garrettsville Md.

Accident or Suicide?



Name
in
Full

Hannah E. Reasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Nov.</i> ^{Day} <i>19</i>	Age	<i>83</i> ^{Years}	Months <i>8</i>	Days <i>21</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Harford Co. Md.</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Thm. H. Reasin.</i>		
Father's Name	<i>Cornelius Cole</i>		Father's Birthplace	<i>Staten Island N.Y.</i>	
Mother's Maiden Name	<i>Martha Osborn</i>		Mother's Birthplace	<i>Harford Co. Md.</i>	
Name of person giving information	<i>Gertrude Reasin</i>		How related to deceased	<i>Daughter.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>one week</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Chas. H. White</i>
		Address	<i>Aberdeen Md.</i>
Accident or Suicide?	<i>—</i>		

12-8
22-2
11-19

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whitford</i>		County <i>Hartford</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>11</i>	Day <i>9</i>	Age <i>59</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Ind.</i>				
Married, or Widowed	Name of Wife or Husband <i>Viola Scarborough</i>				
Father's Name <i>Frank Scarborough</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Frances</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>F. Ross Scarborough</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Orbiting</i>	How long <i>Six months</i>
Immediate - <i>Gastritis</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. C. Arthur</i>
<i>Filed 11-30-1905</i>	Address <i>Cardiff Md.</i>
Accident or Suicide?	

Name
in
Full

Hazel Etha Steward

CERTIFICATE OF DEATH

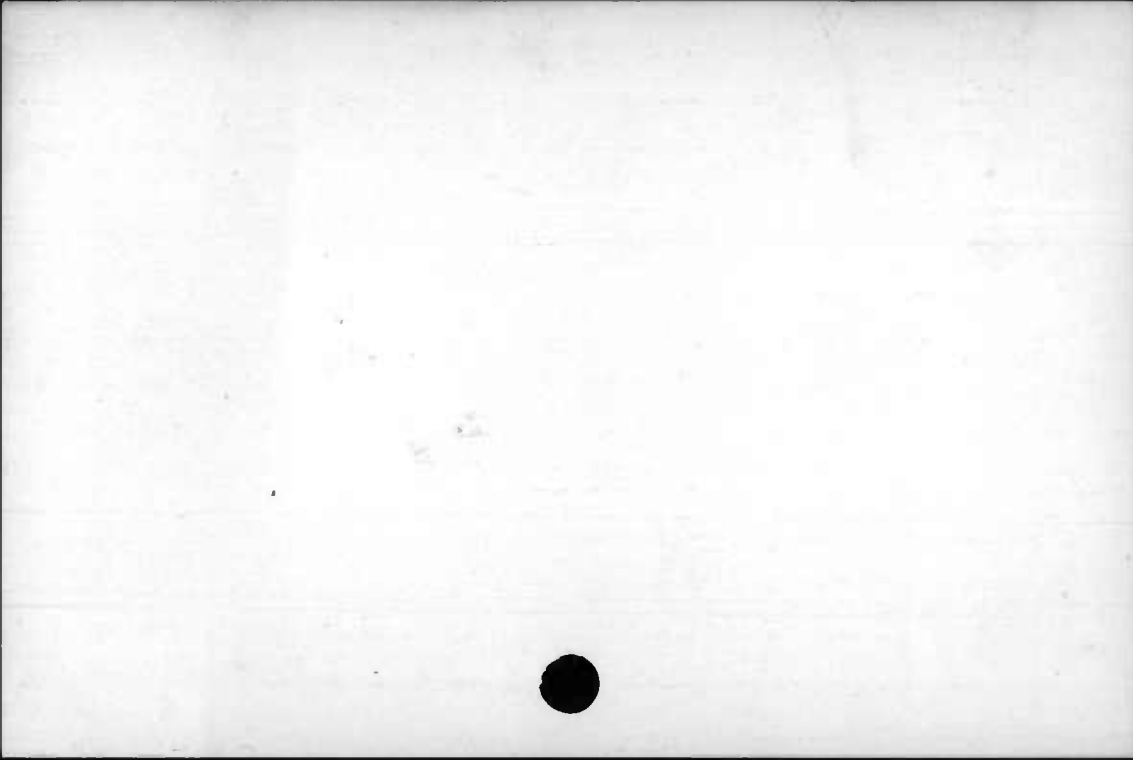
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>11</i>	Day <i>2</i>	Age <i>0</i>	Years <i>13</i>	Months <i>13</i>	Days <i>13</i>
Sex <i>girl</i>	Color or Race <i>colored</i>		Birth- place <i>Forest Hill</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Elijah Steward</i>			Father's Birthplace <i>Thomas Run</i>				
Mother's Maiden Name <i>Mary Etta Bond</i>			Mother's Birthplace <i>Forest Hill</i>				
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisic</i>	How long <i>few days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. P. Smithson, M.D.</i>
	Address <i>Forest Hill, Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Harry Thomas

Town

County

Died at

Whitford

Harford

MARYLAND

Date 1905-	Month 11-	Day 1	Age 24	Y.	M.	D.	Native of Maryland	Occupation
Male	White	Married	Single	Widow	Widower	Divorced	Number of children living	

Husband of

Father's Name

William Thomas

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

1 year

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

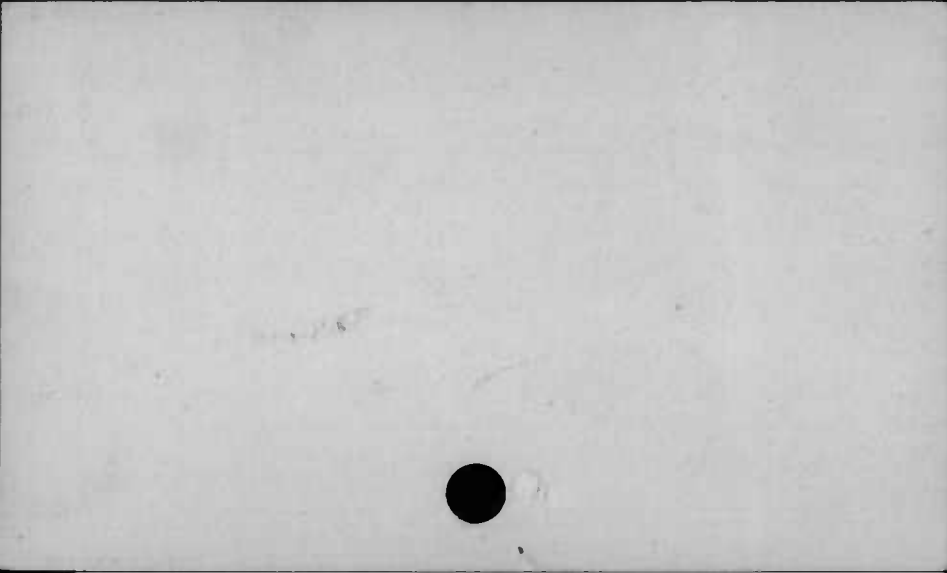
W. H. Thomas

Address

W. H. Thomas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73808



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Apr	13	74			
Sex	Male	Color or Race	White		Birth-place	Ind.	
Occupation	Laborer		Where Residing if not at place of death		Chestnut Hill		
Married, Single or Widowed	Married		Name or Wife or Husband				
Father's Name	Thomas Fredway				Father's Birthplace	Ind.	
Mother's Maiden Name	Elizabeth Magness				Mother's Birthplace	Ind.	
Name of person giving information	Alice L. Fredway				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Calcular disease of heart	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	William J. Archer
	Address
	Bel Air Md
Accident or Suicide?	



